

# Letters

CMAJ publishes as many letters from our readers as possible. However, since space is limited, choices have to be made, on the basis of content and style. Letters that are clear, concise and convenient to edit (no longer than two double-spaced typescript pages, or 450 words) are more likely to be accepted. Those that are single-spaced, handwritten or longer than 450 words will usually be returned or not published. We reserve the right to edit letters for clarity and to abridge those that are unduly long or repeat points made in other letters, especially in the same issue.

## Apology

I am pleased to comply with Dr. Joseph Berger's request for an apology for my reply to his recent letter (*Can Med Assoc J* 1988; 138: 303-304). He did not say what in my limerick I said he said.

In the spirit of the original:

I am full of regret  
and contrition  
That my verse form  
confused fact with fiction.  
I intended the latter.  
The fact is, this matter  
Has caused too much fusion  
and fission.

Mary V. Seeman, MD, FRCPC  
Department of Psychiatry  
Mount Sinai Hospital  
Toronto, Ont.

## South African doctors flock to Saskatchewan

The letter from Dr. D.C. McCaffrey (*Can Med Assoc J* 1988; 138: 300) caught my eye. One must know the history of Saskatchewan before bemoaning the fact that over 50% of the new registrants in Saskatchewan in 1987 were not Canadian.

That has been the situation for years. As a matter of fact, more than half the physicians currently practising in Saskatchewan are graduates of foreign

medical schools. The Saskatchewan medical community continues to be the kind of melting pot that characterized the original settlement of the Prairies at the turn of the century.

Wanna hear something interesting, Dr. McCaffrey? Some of our physicians who hail from India are beginning to ask why so many South Africans are being allowed to come to Saskatchewan.

There are some 60 communities in Saskatchewan with only one physician. In 1985, when we reviewed the situation, not one of those physicians was a Saskatchewan graduate. We would be delighted to receive suggestions from Dr. McCaffrey or anyone else as to what, if anything, should be done to change that. Saskatchewan people are grateful for the many very competent graduates of foreign medical schools who have provided for their medical needs over the years.

E.H. Baergen, MD  
Executive director  
Saskatchewan Medical Association

[Dr. McCaffrey responds:]

It is a sad reflection on our social values when one is criticized for advocating a "Canadian first" policy.

Dr. Baergen's valid observations that over half the physicians "currently practising in Saskatchewan are graduates of foreign medical schools" and that this "has been the situation for years" underscore why no ra-

tional domestic solution to the problem has been found. How much easier, cheaper and simpler it is to import physicians than to modify a system and train Canadians.

Wanna hear something interesting, Dr. Baergen? The reason some of your physicians hailing from India are beginning to ask why so many South Africans are being allowed to come to Saskatchewan is that they are concerned about the career opportunities available to their Canadian sons and daughters.

To correct the physician shortage in Saskatchewan, Dr. Baergen, we must first answer the question Why has the problem arisen? This will never happen with your laissez-faire attitude and with continued immigration.

If Saskatchewan was suddenly no longer able to import physicians the shortages created would give rise to demands for immediate action and for radical change in the province's approach to medical education. In all likelihood the University of Saskatchewan's medical school would be increased in size, and special slots could be allocated to rural applicants with a commitment to return to practise in their home communities. Financial incentives could be awarded to those willing to practise in isolated areas. Special rural practice training programs could be set up to teach new, apprehensive graduates how to handle the unique problems of a rural practice. The university could provide staff and support for remote referral areas,